

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41028

State File No. _____

FILED JAN 3 1951

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5213</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>7 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 2078</u>		d. STREET ADDRESS (If rural, give location) <u>720 1/2 - E. TRUMAN DR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEN. HOSP. No. 1</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>George</u>		c. (Last) <u>STEWART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>MAY 1 1888</u>	
9. AGE (In years last birthday) <u>62 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ANALYST</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BRANT STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493034-8838</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thayer Stewart - 1408 - E. 19th</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Stroke (Cerebral Hemorrhage)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Fractured Skull</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>29 1/2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy Nov 29 days #1</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>720 1/2 Truman Dr K.C. Jackson Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>K.C. Jackson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/5/50 6:30 AM</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR? <u>unknown</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. J. [illegible]</u>				23b. ADDRESS <u>1612 E 12th</u>		23c. DATE SIGNED <u>12/11/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KS</u>	
DATE REC'D BY LOCAL REG. <u>12-11-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Davis 1573 Thrust</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

W. E. Davis

Licensed Embalmer No. _____

4417

P. O. Address _____

A. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.